MARYLAND PATIENT CENTERED MEDICAL HOMES

Maryland's Patient Centered Medical Home Program

Maryland Health Care Commission

MHCC MARYLAND HEALTH CARE COMMISSION

MARYLAND

Presentation Outline

- What is a PCMH?
- How is Maryland approaching this new model of primary care?
- What does this mean for Self-Insured Employers and how can they become involved?

The Patient Centered Medical Home offers a new model of primary care.

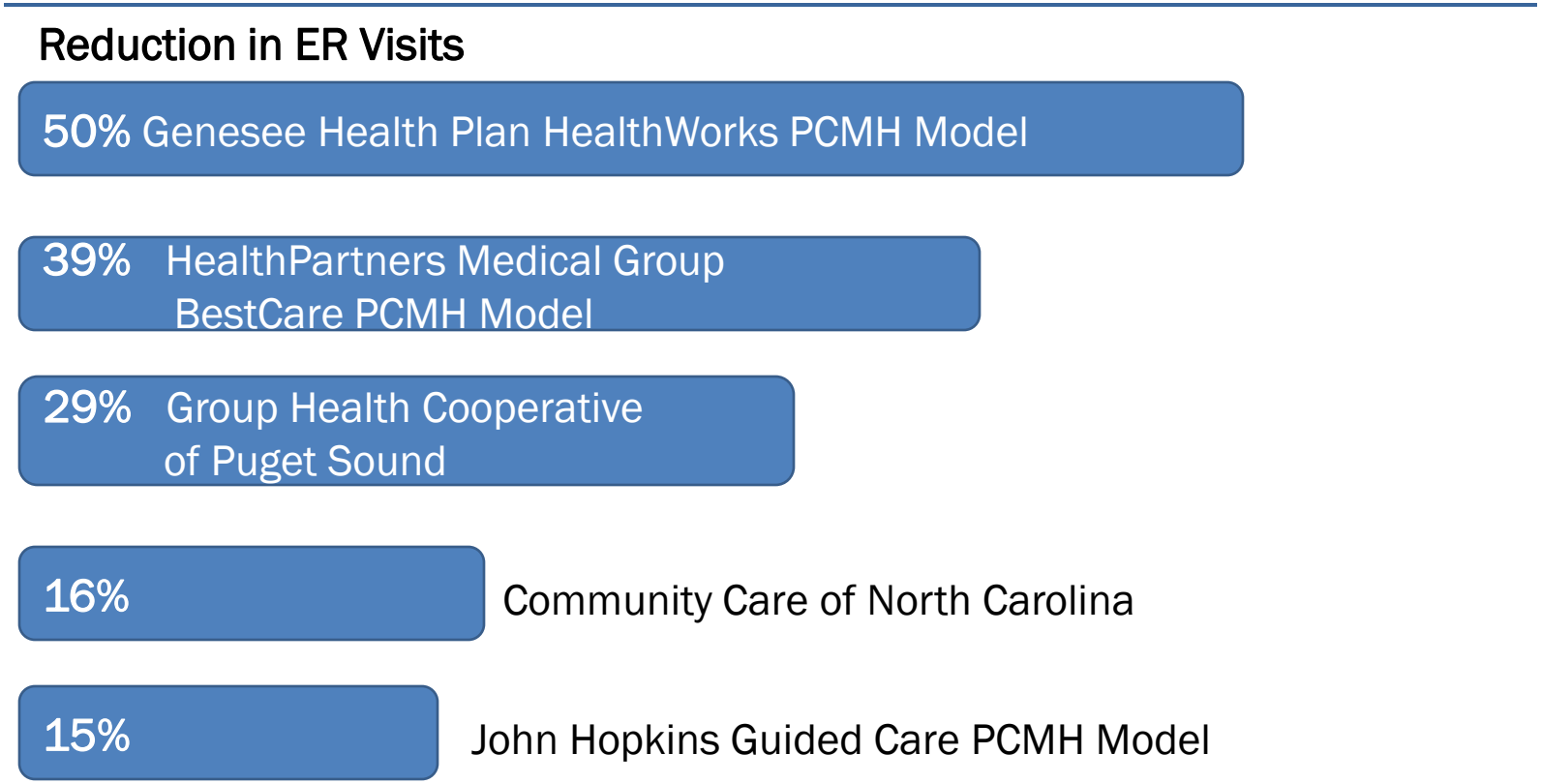
- **An advanced way to practice primary care with the aim of increasing quality of care and reducing ED visits and hospitalizations through:**
  - A team approach of physicians, nurses, care managers and other health care professionals;
  - Comprehensive coordinated care throughout the health system, including treatment plans, medication management, visit follow up, etc.;
  - Enhanced access with 24/7 availability, email and telephone consults, open scheduling and after hours care;
  - Use of health information technology including an Electronic Health Record, e-prescribing, patient registries and decision support systems; and
  - An intense focus on wellness and prevention.

- *Old fashion primary care + innovative, preventative processes to improve the health of the practice's entire population of patients.*

PCMH programs are growing throughout the nation.

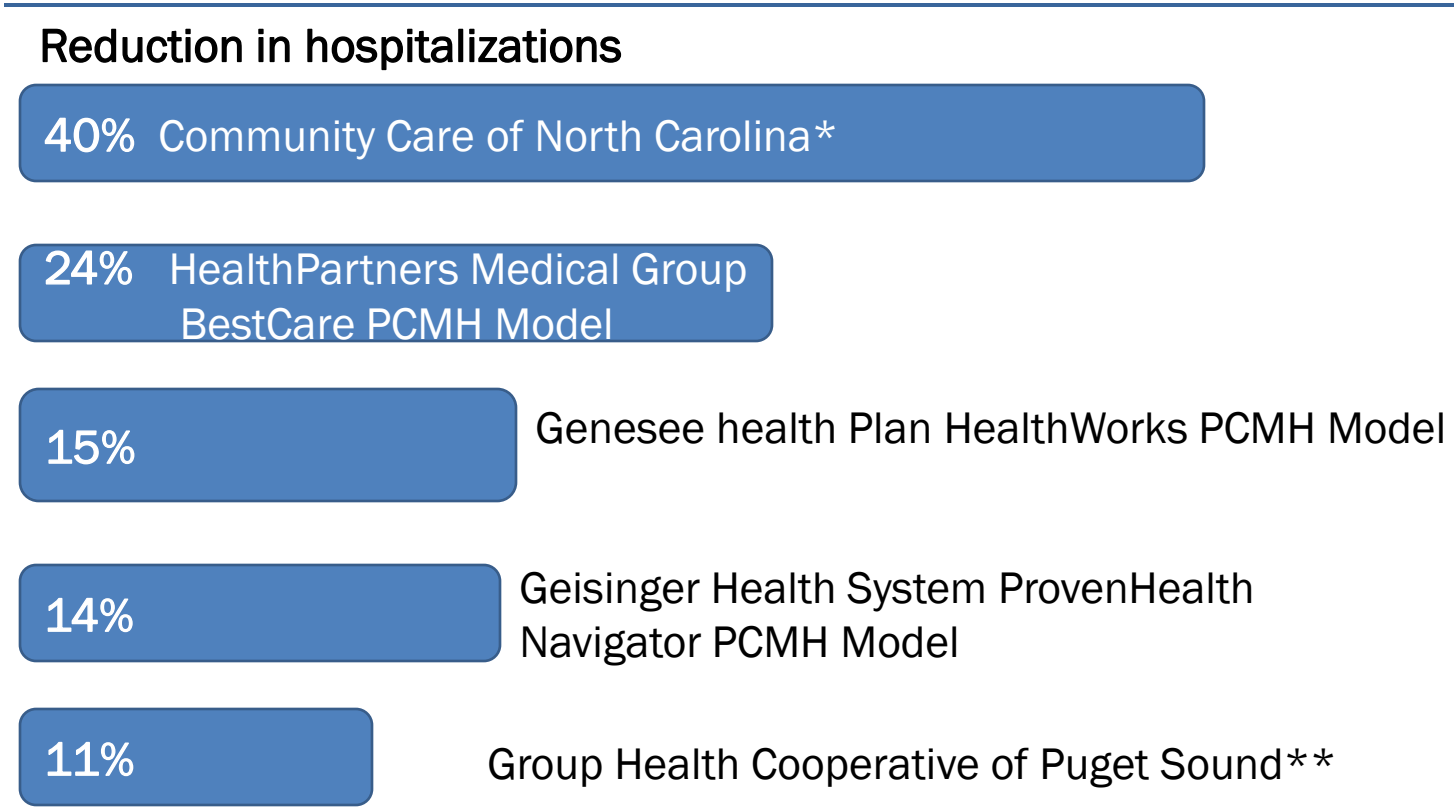
- The four primary care physician professional organizations – AAP, AAFP, ACP and AOA – agreed on a series of joint principles in 2007.
- Pilots of varying types and sizes are being conducted in all but five states.
- Employers are involved through the Patient-Centered Primary Care Collaborative (PCPCC), a collaboration of physicians, businesses, health insurance plans, and pharmaceutical companies.
- Members include IBM, Whirlpool, Johnson & Johnson, Microsoft, Wegmans Food Market, Proctor and Gamble and many others. (www.pcpcc.net)

Evidence shows medical homes reduce emergency room use.



SOURCE: Patient-Centered Primary Care Collaborative. (Ed.). (2009). *Proof in practice: a compilation of patient centered medical home pilot and demonstration projects*

...And the number of hospitalizations have been reduced by this model.



*Study of asthma cases only **Study of ambulatory sensitive care admissions.

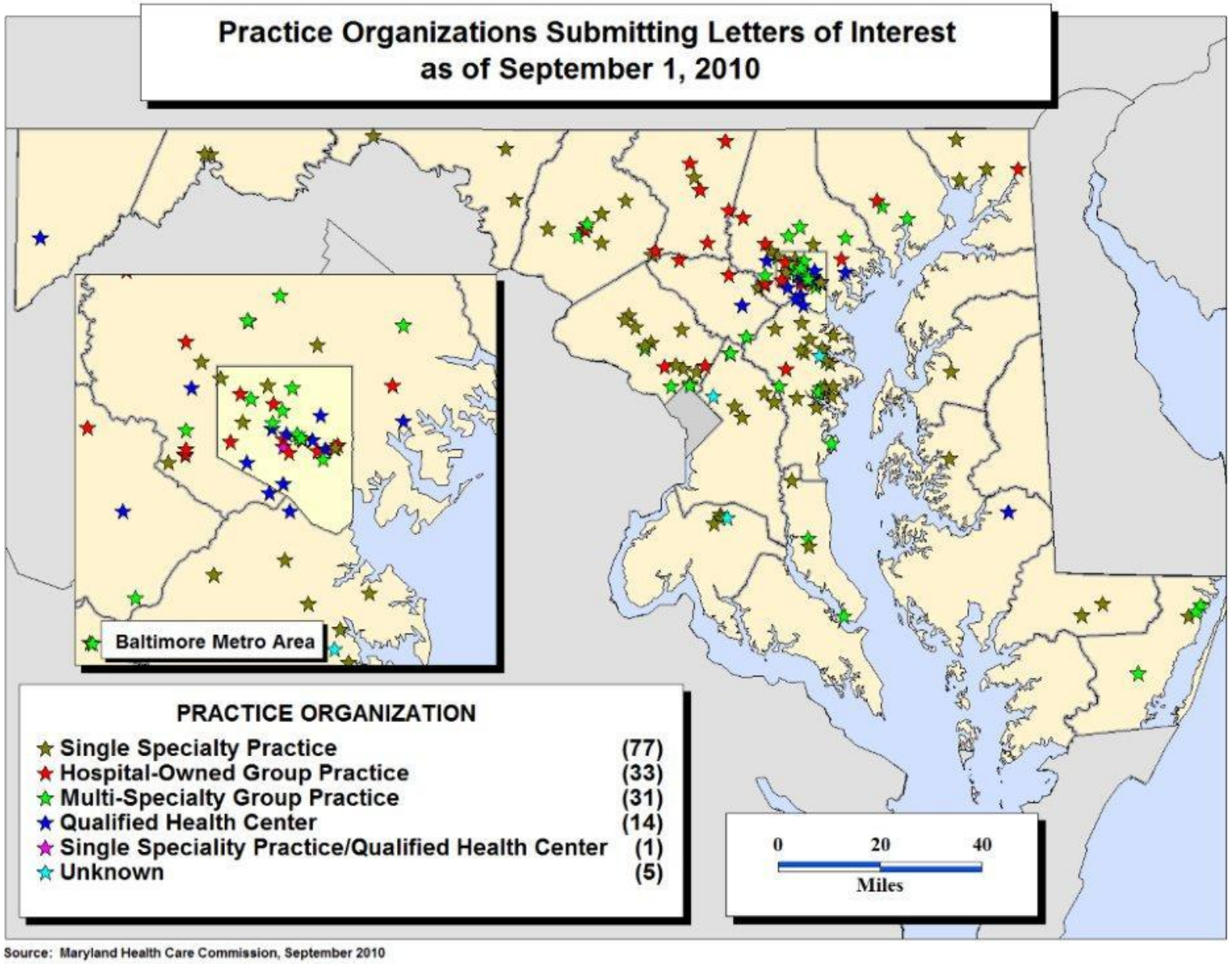
SOURCE: Patient-Centered Primary Care Collaborative. (Ed.). (2009). *Proof in practice: a compilation of patient centered medical home pilot and demonstration projects*

Maryland is conducting a multi-stakeholder Pilot .

- Grew out of the Maryland Health Quality and Cost Council under the leadership of the Lt. Governor.
- A workgroup of over 100 participants from various industries helped shape the program.
- A law, mandating participation of the largest health insurers in Maryland and establishing the Pilot's parameters, was passed by the legislature this April.
- The Maryland Health Care Commission (MHCC) is responsible for program implementation and conducting an evaluation.

Maryland's pilot will reach a substantial number of patients.

- The goal:
  - Transform 50 primary care practices – physicians and nurse practitioner-led pediatric, family practice, internal medicine and geriatric practices; and,
  - Engage 200 providers serving **200,000 patients.**
- Practices must be recognized as having achieved PCMH status by the National Council on Quality Assurance (NCQA) within a year.
- Practice selection will be based on:
  - Creating a geographic balance throughout the state in urban, rural and suburban settings;
  - Serving commercially insured, Medicaid and Medicare Advantage patients;
  - Including ethnic and racial diversity of patient and providers; and,
  - Involving a variety of practice settings and sizes – large and small private practices, hospital-owned practices, FQHCs and clinics.



Source: Maryland Health Care Commission, September 2010

Maryland's pilot involves a broad spectrum of payers.

- Payer participation means providing a care coordination fee upfront to help the practices provide additional services and, **sharing in savings that result.**
- Fully-insured plans of Aetna, CareFirst, Cigna, Coventry, United HealthCare must participate by law.
- Medicaid MCOs must participate (provided there are funds).
- Maryland has applied for the CMS Medicare demonstration, to ensure Medicare's participation.
- Self-insured employer plans have the option of participating.
- We are also seeking participation from Federal, State and Local governments as well as TriCare.

The implementation timeline is fast-moving.

June 2010	Outreach symposia for providers begin.
July 2010	MHCC releases reward structure and practice performance requirements.
August 31, 2010	Deadline for practices to submit an expression of interest in pilot participation. Providers must notify MHCC if they are interested in participating.
October 18, 2010	Deadline for practices to submit application to participate.
October 29, 2010	Selection committee announces participating practices.
November 5, 2010 November 29, 2010	Deadline for carriers to sign participation agreement. Deadline for practices to sign participation agreement.
January 4, 2011 January 2011	Launch of practice transformation and learning collaborative. Carriers provide enrollee rosters for attribution.
February 2011	MHCC releases patient attribution results.
March 2011	Private carriers and Medicare* begin paying PPPM fixed payments to practices that attest to meeting NCQA criteria. (*Provided that Maryland is selected to participate in the CMS Multi-payer Advanced Primary Care Practice [MAPCP] Demonstration.)
June 30, 2011	Deadline to submit applications to NCQA's Physician Practice Connections–Patient-Centered Medical Home for recognition.
July 2011	PCMH practices begin receiving payments from Medicaid MCOs.

What does this mean for self-insured employers?

- Self-insured employers will be responsible for the semi-annual fixed care coordination payment which will depend on the size and the practice's NCQA recognition level.
- Self-insured employers will receive 50% of the savings realized by reduced ED visits and hospitalizations.
- The practice will receive the remaining 50% minus the care coordination payment. The care coordination payment can't be recovered if there are no savings.
- Shared savings are based on comparison with the practice's historic performance.
- Quality thresholds must be met before savings are paid.

Why should self insured employers think about participating?

- Better quality health care for employees which results in improvements in workforce productivity and reduced absenteeism.
- Cost-effective wellness and chronic disease management benefits that may replace costly disease management programs with limited ROI.
- Lower overall health care costs through reduced utilization.

What are the next steps for self insured employers?

1. Estimate initial participation costs = number of plan participants in a PCMH * per patient per month Fixed payments.

   (We can help you do this calculation.)
2. Submit a letter of support to MHCC.
3. Inform the TPA/ASO that you (the employer) wish to participate.
4. Work with TPA/ASOs to resolve issues on how Fixed Payment will be delivered. MHCC is proposing a new local HCPCS for the Fixed Payment.
5. Evaluate existing ASO contract to if the Plan Administrator can pay the Fixed Payments and the Incentive Payments to a PCMH.
6. Participate in the Maryland PCMH Advisory Panel.

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Employer Outreach